PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001

ECOMADTO DE COMO DIOS

1061760n

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE FEE		OR I	RATE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE		OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=				7 10.00
INDEPENDENT CLAIMS			minus 3 =		* .			-		OR	X\$18=	
MULTIPLE DEPENDENT CLAIM PRE			·		<u> </u>			X42=	:	OR	X84=	
* If the difference is column to interest the second					#611 i			+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL		
						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 00	Minus	** &	0	=		X\$ 9=		OR	X\$18=	
	Independent	TATION OF MI	Minus	ENDEN!	5 AIM	=		X42=		OR	X84=	200.0
<u> </u>	T T. T. C. C.	TOTAL OF MA		LINDLIN	CEAN] [+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR.	TOTAL ADDIT. FEE	2000
(Column 1) (Column 2) (Column 3)										•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= :		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	T OL A 114	= '		X42=		OR	X84=	
L	,	THATION OF INC	DETIPLE DEP	ENDEN	CLAIM	ل_ا] [+140=		OR	+280=	:
							i.	TOTAL ADDIT. FEE		ا	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. PEE L			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL A 11 4	=	 	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280⊭	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL		OB.	TOTAL	
***	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											